



Teledentistry Informed Consent Notice

Purpose: The purpose of this form is to obtain your consent for a teledentistry consultation with your dental provider.

The purpose of this teledentistry consultation is to conduct screenings and problem-focused evaluations/re-evaluations to help manage your oral health problem(s) and to determine whether you have a condition that requires immediate in-office treatment.

The dental care providers in this system include:

Name of Dental Practice: _____

Dental care is provided at the direction of the following dentist:

DENTIST

Name & Credentials: _____

Address: _____

Telephone: _____

License Number: _____

Policy

The practice will have all patients sign a consent form before a patient's first teledentistry visit.

Procedure

- Patients aged 18 years and older (or the parent, legal guardian, or a lawfully authorized custodial agent for a minor child under the age of 18) must provide voluntary consent to treatment, on a Teledentistry Consent and Notice form, prior to the delivery of a teledentistry service.
- Staff will give patients an opportunity to ask questions prior to signing the consent form.
- Staff will fully inform patients of the consequences, benefits, and risks of treatment, after which patients have the right to decline teledentistry services.
- Staff will maintain the executed Teledentistry Informed Consent Notice form in the patient's medical record.
- If a distant-site provider provides the teledentistry service, staff will provide that office with a copy of the Teledentistry Informed Consent Notice form.



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Nature of a Teledentistry Consultation

Teledentistry involves the use of audio, video or other electronic communications so that you can see and have a conversation with your healthcare provider in real time for the purpose of diagnosis, therapy, follow-up and/or education. During your teledentistry consultation, details of your medical history and personal health information may be discussed and shared with other health professionals. Additionally, during the consultation, your provider may conduct a remote oral examination during which video, audio, and/or photo recordings may be taken and become part of your health record. All information is kept confidential as required by federal regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Risks, Benefits and Alternatives

The benefits of teledentistry include having access to a dentist and additional dental information without having to travel to a dental office or clinic. A potential risk of teledentistry is that a face-to-face consultation with a dentist may still be necessary after the teledentistry appointment. This could be because of my specific medical or dental condition or for other reasons. Recommendations will be made to me about my future dental care after the teledentistry consultation. These could include recommendations about whether or not to see a dentist, specialist, or oral surgeon in a dental office or dental clinic. A visit to a dental office may be needed in the future even if it is not recommended now. The recommendations may change if more information about my dental needs becomes known. The alternative to teledentistry consultation is a face-to-face visit with a dentist.

Patient Rights

I may choose not to participate in a teledentistry consultation at any time before and/or during the consultation. If I decide not to participate, it will not affect my right to future care or treatment. I have the option to seek dental consultation or treatment in a dental office at any time before or after the teledentistry consultation.

Security and Privacy

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

As always, when electronic systems are utilized there is the possibility for the potential disruption of electronic and digital communications and the potential for breach of confidentiality, or inadvertent access, of protected health information using electronic and digital communication in the provision of care.



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NON-DENTIST HEALTH PROFESSIONAL

Name & Credentials: _____

License Number: _____

Qualification: _____

NON-DENTIST HEALTH PROFESSIONAL

Name & Credentials: _____

License Number: _____

Qualification: _____

NON-DENTIST HEALTH PROFESSIONAL

Name & Credentials: _____

License Number: _____

Qualification: _____

NON-DENTIST HEALTH PROFESSIONAL

Name & Credentials: _____

License Number: _____

Qualification: _____

NON-DENTIST HEALTH PROFESSIONAL

Name & Credentials: _____

License Number: _____

Qualification: _____

The above named dentist _____
delegated the teledentistry service to the above named non-dentist health
professional(s).



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Patient's Name (First Name, Last Name)

Patient's Date of Birth

Patient's Phone Number

Is the patient older than the age of 18?

Yes

No

Patient's Email

Name of Parent/Legal Guardian

I acknowledge that it is the role of the above named dentist to determine whether the condition being diagnosed or treated is appropriate for a teledentistry encounter.

By signing this form, I attest that:

- I have personally read this form (or had it explained to me) and fully understand and agree to its contents.
- I have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to teledentistry visits shared with me in a language I understand.
- I agree to have records, including electronic versions of X-rays, photographs, charting of conditions, and health and other history information, collected from me and shared and used as described in this consent form I have received.
- I authorize the dental care provider to communicate with me via encrypted email that includes my treatment information.
- I am located in the state of Texas and will be in Texas during my teledentistry visit(s).

**Signature of Patient
or Parent/Legal Guardian**

Date

NOTICE CONCERNING COMPLAINTS

Complaint Submission Procedure

The processing of complaints submitted to the Texas State Board of Dental Examiners is governed by Chapter 255, Title 3, Occupations Code, and Rules 107.00 through 107.103 of the TSBDE's Rules.

The Texas State Board of Dental Examiners (TSBDE) has jurisdiction over licensed dentists, dental hygienist, registered dental assistants and dental laboratories. The agency investigates complaints alleging quality of care allegations, sanitation violations, professional conduct issues and issues such as patient abandonment or failure to comply with TSBDE rules and regulations. The agency also assists local law enforcement with the investigation of practicing without a license complaints. **The TSBDE does not have jurisdiction over fee disputes.**

The Board **may not** order a licensee to pay damages or restitution to a complainant beyond **the actual out of pocket expenses incurred during treatment**. Restitution may only be ordered in limited circumstances and only in those instances when the treatment fell below the standard of care. **Complainants seeking damages or restitution for non-standard of care violations should consult a legal professional for the appropriate venue to seek such damages.**

Complaints must be submitted to the TSBDE on the [Complaint Form](#).

Complaint Form: <http://tsbde.texas.gov/78i8ljhbj/2019/02/Complaint-Form12.2016.pdf>

Complaints may be submitted in one of the following manners:

1. By email. Email complaints to complaints@tsbde.texas.gov
2. By fax. Fax complaints to 512-649-2732
3. By mail. Mail complaints to:

Texas State Board of Dental Examiners
Attn: Investigations Division
333 Guadalupe ST
Tower 3, Suite 800
Austin, TX 78701-3942

The TSBDE DOES NOT accept anonymous complaints.

Complainants will be notified, in writing, of the case status at least quarterly. Complainants are also notified of any final action taken on their complaint.

All complaints submitted to the TSBDE must be reviewed to determine if the allegation is within the jurisdiction of the agency and if sufficient information is available to open an investigation. Accurate and complete information will expedite the complaint intake review. To assure sufficient information is submitted with your complaint, you **must** use the TSBDE complaint form which may be downloaded from the link above.